

Foster Family Home - Corrective Action Report

Provider ID: 1-110013

Home Name: Vicenta Acosta, CNA

94-1037 Mahoe Place

Waipahu

HI 96797

Review ID: 1-110013-9

Reviewer: Jackie Chamberlain

Begin Date: 9/20/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 3 bed CCFFH recertification. corrective action required within 30 days

Foster Family Home

Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3) Current PCG bedroom is outside of the client area with only an outside entrance in between. PCG must have bedroom within the same household as the clients

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist.

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.c.5 Medication discrepancy for client #1 - 1 medication prescription label did not match medication administration record one "route" by mouth the other rectal for laxative

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list not signed since 9/18/2020

Jackie Chamberlain RN
Compliance Manager

Vicenta Acosta
Primary Care Giver

9/21/2020
Date
9/21/20
Date

9/21/2020 20:30 PM

CTA RN Compliance Manager: Reply to Terri Van Houten RN/Jackie Chamberlain RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Vicenta Acosta

(PLEASE PRINT)

CCFFH Address: 94-1037 Mahoe Place, Waipahu, HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
49.b.3	Renovated the primary caregiver's bedroom to be located in the same household area as the clients.	9/27/20	Will always consider in the future to place PCG bedroom in the same household as the clients for timely intervention during nighttime needs or emergencies.
54.c.5	Immediately contacted the client's nurse to make the correction on the Medication Record.	9/21/20	Upon receiving new Medication Record every month or when there's new prescribed medication added to the MAR, I will check for medication description accuracy. If there's incorrect descriptions, I will immediately inform the nurse to make corrections.
54.c.6	Immediately updated and signed my daily documentation (ADL).	9/21/20	Will create a routine to sign and update daily documentation immediately after performing the service to the clients.



All items that were fixed are attached to this CAP

PCG's Signature: _____

Acosta

Date: 10/9/20



CTA has reviewed all corrected items